

REC'D NOV 29 1954

# STANDARD CERTIFICATE OF DEATH

State File No. **37089**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1057

1. PLACE OF DEATH  
a. COUNTY Greene

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Greene

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield

c. CITY OR TOWN Springfield

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION 1617 N. Douglas Avenue

e. STREET ADDRESS (If rural, give location) 1617 N. Douglas Avenue 0346

3. NAME OF DECEASED  
a. (First) IVA b. (Middle) PEARL c. (Last) REID

4. DATE OF DEATH November 19, 1954

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 18 Nov. 1887

9. AGE (In years last birthday) 67 IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HRS.: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and State or Foreign Country) Mendon, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Riley

13b. MOTHER'S MAIDEN NAME Mary Moye

14. NAME OF HUSBAND OR WIFE Lee Reid

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. ----

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Loren Manahan, 101 N. Douglas Avenue, Springfield, Missouri.

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
  
\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinoma uterus  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

INTERVAL BETWEEN ONSET AND DEATH  
18 mo.  
  
6 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 174X

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-12, 1949 to 11-19, 1954 that I last saw the deceased alive on 11-19, 1954 and that death occurred at 12:40A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul O. Weston M.D.

23b. ADDRESS Springfield 1620 N. Jefferson

23c. DATE SIGNED 11-19 54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 20 Nov. 1954

24c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery

24d. LOCATION (City, town, or county) (State) Springfield, Missouri.

DATE REC'D BY LOCAL REG. 11-20-54

REGISTRAR'S SIGNATURE Edith Williamson

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Paul C. Phelan, Springfield, Missouri.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Fred C. Phisana*.....

Licensed Embalmer No. 2899  
Springfield,  
P. O. Address Missouri.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.